

Case Study Assessment Form

iUSP169 – Applying the principles of nutrition to a physical activity programme

Three case studies to be completed for a period of 4 weeks

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner's completed treatment evidence form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Knowledge of basic nutrients and their sources			
Relationship between nutrition and physical activity			
Consultation: <ul style="list-style-type: none"> Personal details 			
Client profile, including: <ul style="list-style-type: none"> Health Occupation Physical activity Stress levels 			
Client's current diet and eating habits, including: <ul style="list-style-type: none"> Principles of nutritional goal setting Analysis of client's diet 			
Full diet plan, including: <ul style="list-style-type: none"> Rationale for the plan Feedback to show evidence of the progression of weight management over a four week period: <ul style="list-style-type: none"> Week 1 Week 2 Week 3 Week 4 			
Overall conclusion, including: <ul style="list-style-type: none"> Nutritional advice Reflective practice 			

Please note; each box must be ticked **'Yes'** in order to gain a pass grade. If any area is answered **'No'** the treatment evidence will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ Date: _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Internal examiner name: _____

Internal examiner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualification Administrator